

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215541614			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SOCIETE INTERNATIONALE DE TELECOMMUNICATIONSAERONAUTIQUES</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2015</p> <p>SCC ID NO: F1449240</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2, AVENUE DES OLYMPIADES</p> <p style="margin-left: 40px;">CITY/ST/ZIP: 1140 EVERE, Switzerland</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANCESCO VIOLANTE TITLE: PRESIDENT ADDRESS: 26, CHEMIN DE JOINVILLE, 1216 COINTRIN CITY/ST/ZIP/CO: , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANCESCO VIOLANTE TITLE: PRESIDENT ADDRESS: 26, CHEMIN DE JOINVILLE, 1216 COINTRIN CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: COLM O'HIGGINS TITLE: TREASURER ADDRESS: 26, CHEMIN DE JOINVILLE, 1216 COINTRIN CITY/ST/ZIP/CO: , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: COLM O'HIGGINS TITLE: TREASURER ADDRESS: 26, CHEMIN DE JOINVILLE, 1216 COINTRIN CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: AILEEN MCENTEE TITLE: SECRETARY ADDRESS: 112, AVENUE CHARLES DE GAULLE CITY/ST/ZIP/CO: , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: AILEEN MCENTEE TITLE: SECRETARY ADDRESS: 112, AVENUE CHARLES DE GAULLE CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: KEVIN CAI TITLE: DIRECTOR ADDRESS: 88 KONG GANG SAN ROAD, HONGQIAO INTL AIRPORT CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	PAUL COBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WATERSIDE (HCA2)		
CITY/ST/ZIP/CO:	, , FN		
NAME:	LUIZ EDUARDO FALCO PIRES CORREA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	129, RUA PAU BRASIL		
CITY/ST/ZIP/CO:	, , FN		
NAME:	OMAR JEFRI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CC 400 SV COMPOUND, WESTERN PROVINCE		
CITY/ST/ZIP/CO:	, , FN		
NAME:	LAURENT JOSSART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LUXEMBOURG AIRPORT		
CITY/ST/ZIP/CO:	, , FN		
NAME:	CHRISTOPH KLINGENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LUFTHANSA AVIATION CENTER, AIRPORTRING GEB.		
CITY/ST/ZIP/CO:	, , FN		
NAME:	MYRIAM MEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 REBENSTRASE		
CITY/ST/ZIP/CO:	, , FN		
NAME:	WILLIAM MILLER JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 SMITH STREET		
CITY/ST/ZIP/CO:	5TH FL., HQSTK HOUSTON, TX 77002		
NAME:	HERA SIU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28 F CENTRAL PLAZA TOWER 2, N9 JIANGUO RD		
CITY/ST/ZIP/CO:	, , FN		
NAME:	THOMASZ SMACZNY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 SCENIC RD, 9TH FL, CENTRAL TOWER		
CITY/ST/ZIP/CO:	, , FN		
NAME:	LIANNE STEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 N RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	MC5002-8450 CHICAGO, IL 60606		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ AILEEN MCENTEE	AILEEN MCENTEE, SECRETARY	11/13/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.